Failing to protect them

CPSA slams oversight system after reports of assaults at nursing homes rise.

By Amie Larter

A senior policy adviser from CPSA has called on the federal government to "sit up and take notice" following a recent report that revealed alleged sexual and physical assaults at nursing home residents rose 14 per cent in 2012-13.

Figures tabled in the Report of the Operation of the Aged Care Act 1997 showed there were 2256 allegations of physical and sexual assault of nursing home residents in 2012-13, up from 2030 in the year prior.

During this time, the number of residents increased by just 1.7 per cent, to 226,042.

Senior CPSA policy adviser Charmaine Crowe was appalled.

"The rate of suspected abuse of vulnerable institutionalised people far exceeds the increase in resident numbers and should be cause for concern for the Australian Government," she said.

Further to this, figures could "grossly underestimate" the number of alleged assaults taking place, Crowe said, as they don't take into account any attacks fellow residents with previously diagnosed cognitive or mental impairment.

"We think all assaults or suspected assaults should be reported and then at least policymakers can get an idea of the scope of the problem," Crowe said.

Whilst reported assaults rose, there were fewer complaints overall about nursing homes in 2012-13. This drop, according to CPSA and other aged-care advocates could be due to people losing faith in the Aged Care Complaints Scheme.

"Clearly there is a policy issue here. No government has managed to mitigate the rise in alleged physical and sexual assault of nursing home residents and it is about time that the government looked into the matter," Crowe said.

Of all complaints, 72 per cent went to early resolution, with advice given over the phone and no review of a nursing action's place.

Of the 3811 complaints about nursing homes received, the scheme acted only on three per cent – 115 cases.

"There are serious problems facing Australia's aged-care system and the bodies set up to ensure older people receive dignity and are failing to protect them from harm," Crowe said.

Reforming the nursing home accreditation standards should also be a main priority, moving from a system that governs processes to one that measures care outcomes.

Visits by both the complaints scheme officials and accreditation council should be made unannounced, CPSA said, to get an effective snapshot of the quality of care nursing homes are providing.

Staff-to-resident ratios need to be mandated for nursing homes – they already are in hospitals and childcare centres – to ensure safety and quality care, Crowe said. She highlights an incident last year in which a Brisbane nursing home was found to have staff rostered on for 10.5 hours each night.

"There are no ratios... and nor are there any ratios required... skill mix that should be in place," Crowe said.

CPSA also calls for a set of quality indicators for all nursing homes, which would be publicly reported against. The previous government did put these in motion but their future is in doubt.

"It is unclear what is going to happen with that policy call on the Abbott Government to ensure that the quality systems take effect next year," Crowe said.
Home truths

The public crisis of trust that followed the report on the ABC's Lateline about problems in residential aged care facilities on July 15 is just the most recent in a long list of such sad episodes.

Lateline revealed serious allegations of poor treatment of the most vulnerable and frail residents. There were also accusations of malnutrition amongst residents, as well as examples of bullying and intimidation towards family members who sought to intervene to correct problems.

Other media quickly picked up the theme. For the next few days, talkback radio, letters to the editor and other forums including Twitter were filled with more chilling stories. This all served to remind us all of the kerosene baths incidents of a decade ago, as well as similar incidents in the 1980s and 1990s.

Of course most homes are not like this, but while industry leaders pointed this out they also quickly used the opportunity to request more public funding for all homes. Naturally, more funding would be nice, but somehow this solution didn’t seem to fit the problem this time. If the incidents of abuse are truly exceptional, what would be the guarantee that they would not remain exceptional?

Many in the industry point out with some justification to the failings of the current accreditation scheme. Accreditation of residential care is an admirable end in itself, but is strongly based on paper trails, documentation and accountability. It requires large amounts of staff time - taking senior staff away from direct engagement with residents - when this is what is most needed. All the paperwork in the world will never deal with undocumented acts of abuse, intimidation and loss of trust.

Is a return to the Outcome Standards monitoring system that operated prior to 1996 worth considering? Certainly that system has a proven track record and was successful in lifting standards across the board before it was abolished by the Howard Government. No need to abolish accreditation, but neither can it be left as the main method of quality assurance.

Other questions arise. What is it that causes such problems in residential care? Despite the limits of funding, the problems don’t seem to be endemic to all aged care, as the community care system has shown.

Why has there not been a single critical incident reported nationally in the media in the home and community care or packaged care system over the past 20 years? There is no loss of trust in community care services. Nor is there a cry for government to act to guarantee standards.

The positive results for community care can hardly be a result of the tight regulation of standards or the generous funding available to those who receive care in their own home. Is it that those who need care in their home still feel responsible for their own choices? Or is it that we are willing to accept occasional evidence of neglect in people’s own home much more readily than when a person surrenders responsibility for their wellbeing to the management of a residential care facility? Are residential facilities simply more prone to problems because of their institutional character?

After the bad news, perhaps the ABC’s Lateline could do something to help. They could promote trust in aged care by following up their story and drawing attention to the extensive systems of care in the home currently available. The days in which aged care was confined to residential care facilities have well and truly passed.

Michael Fine is adjunct professor in the Department of Sociology at Macquarie University in Sydney.
New approach to old school

It's the fastest-growing sector in health, and opportunities abound. But to attract the best and brightest to aged care and prepare them for success, a radical rethink of our education system is urgently needed.

By Andrew Robinson and Barbara Horner

A recent letter to the Medical Journal of Australia by emeritus professor Ian Maddocks highlighted key challenges facing the aged-care sector. Maddocks raises concerns about resident assessment, medication management, palliative care, inappropriate hospital transfers, poor access to medical care and the limited support for aged-care staff. He argues that finding answers to these problems is "increasingly urgent".

In a similar vein, Ludomyr Mykyta, an eminent geriatrician, raises concerns in MJA Insight recently. Mykyta suggests that despite the fact that residential aged-care facilities (RACFs) house the "sickest and most disabled people in our society", the aged-care system has at best only limited links to mainstream healthcare services. He likens the situation to "ships that pass in the night but don't get close to hailing range", and goes on to argue that a lack of access to appropriate medical and specialist care is a problem.

These commentaries follow a 2013 ABC exposé of the "Aged care crisis". Lateline spoke with families of people living in aged-care facilities who recounted disturbing stories of abuse, neglect and poor care. ☭